



MIAMI-DADE COUNTY  
MEDICAL EXAMINER DEPARTMENT  
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## AUTOPSY PROTOCOL

DUERSON, David  
February 18, 2011...11:15 A.M.

Case No. 2011-00457

### CAUSE OF DEATH:

Gunshot Wound of Chest

Emma O. Lew, M.D.  
Deputy Chief Medical Examiner

Date: 2 / 28 / 2011

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**THE MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT, MIAMI, FLORIDA****DUERSON, David...February 18, 2011...11:15 A.M. ...Case No. 2011-00457****ATTENDEES:****FORENSIC TECHNICIAN:** Obed Blanco**PHOTOGRAPHER:** Christina Gonzalez

Detective Joe Zanonato, Miami-Dade Police Department

**EXTERNAL EXAMINATION:**

The body is that of a muscular 6 foot 1 inch, 225 pound black male appearing consistent with the given age of 50 years. The Body Mass Index (BMI) is 29.7 kilograms per meter squared. A green strap encircling the left wrist has the inscription "26054."

The atraumatic scalp is shaved of hair. Multiple small dark scars form an inferiorly convex curvilinear band across the occipital scalp. Facial hair consists of a full moustache and a short beard. The brown eyes have round 2 millimeter pupils, thin rings of arcus senilis and no conjunctival ecchymoses or petechiae although the left conjunctivae are injected. A 1.5 centimeter scar is through the left eyebrow. The nose has an intact bridge and septum. The ears have no deformities and are not pierced. The atraumatic mouth has natural upper and lower dentition. A 4 millimeter crusted healing lesion and a 5 millimeter crusted healing lesion are on the undersurface of the left side of the mandible. The neck has no masses, scars or evidence of recent injury.

The symmetrical chest, flat abdomen and the back have no obvious surgical scars. Multiple small dark scars are on the upper abdomen. The penis is circumcised and the testes are intrascrotal. The anus has no abnormalities. A few small faint scars are on the buttocks.

The upper and lower extremities have no obvious bony deformities, digital clubbing or palpable fractures. A 5.5 centimeter oblique linear scar is on the proximal extensor aspect of the left forearm. The antecubital fossae and the flexor aspects of the forearms and wrists have no scars or incised wounds. A 2.5 centimeter longitudinal surgical scar is on the anterolateral aspect of the right knee. Small scars are on both knees.

A tattoo on the left upper chest depicts a heart on a crucifix. The Tasmanian Devil and 2 chinese words are on the lateral deltoid area of the left upper arm.

**EVIDENCE OF MEDICAL INTERVENTION:**

Electrocardiographic patches are on the anterior aspects of the shoulders and on both sides of the abdomen.

**PENETRATING GUNSHOT WOUND TO LEFT MID CHEST:**

A gunshot wound is on the left mid chest laterally, 1-1/2 inches inferior and 5/8 inch lateral to the left nipple, 20 inches below the top of the head and 5-1/4 inches to the left of the midline. The 8 millimeter ovoid wound is surrounded by an abraded muzzle imprint that is 4 to 5 millimeters wide. A triangular abrasion at 3 o'clock and a round abrasion at 4 o'clock cover a 2.5 centimeter by 2.3 centimeter area. Black residue stains the wound edges. A semi-circular abrasion at the 10 o'clock

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position is 1 centimeter in diameter and appears to be in continuity with an erythematous ring around the entire wound.

The projectile perforates the anterolateral aspect of the left fourth intercostal space, contuses the lingula of the left lung, perforates the pericardial sac, enters the lateral left ventricular apex, exits the lateral left ventricular base, perforates the posterior aspect of the pericardial sac and T7 vertebral body, lacerates the parietal pleura of the posterior right sixth intercostal space and penetrates the posteromedial aspect of the right lower lobe of lung. A mildly deformed medium caliber lead projectile is recovered from the subpleural region of the posteromedial aspect of the right lower lobe of lung.

The projectile path is from front to back, left to right and upward.

The gunshot wound is associated with 1140 milliliters of clotted and fluid blood in the left pleural cavity, 760 milliliters of clotted and fluid blood in the right pleural cavity and 180 milliliters of clotted and fluid blood in the pericardial sac. The apical left ventricular entrance wound is 4 centimeters and the basal left ventricular exit wound is 2 centimeters. The projectile does not enter the thoracic spinal canal. A small amount of spinal subdural ecchymosis surrounds the focally softened thoracic spinal cord which has small intraparenchymal ecchymoses. The posteromedial aspect of the right lower lobe of lung is dark red and boggy.

**INTERNAL EXAMINATION:**

The intact scalp has no subgaleal ecchymoses. The skull has no fractures in the calvarium or the base. The smooth pachymeninges have no masses or focal areas of discoloration. The 1350 gram brain is covered by smooth translucent leptomeninges. The cerebrum, cerebellum and brainstem have no cortical contusions, lacerations or other obvious abnormalities externally. The arteries at the base of the brain are thin-walled with a single eccentric yellow fibrofatty atherosclerotic intimal plaque that produces 60% to 70% luminal stenosis in the distal basilar artery. Ecchymoses are not seen at the epidural, subdural or subarachnoid levels. The brain is forwarded to the NFL Brain Bank (Boston University Medical Campus Center for the Study of Traumatic Encephalopathy) in accordance with the family's request. The atlanto-occipital ligaments and cervical spine are intact.

The tongue has no bite marks, lacerations, intramuscular ecchymoses or masses. The hyoid bone and thyroid cartilage are intact. The larynx and trachea are patent. The mainstem bronchi contain red fluid. The 500 gram right lung and 340 gram left lung have smooth pink-tan pleural surfaces with mild gray anthracotic pigmentation. The lungs are spongy with dark red boggy of the contused lingula and right lower lobe. Granulomata and masses are not visible or palpable in either lung. The pulmonary arteries are patent, with no thromboemboli. The small hilar lymph nodes are soft and black. The left and right pleural cavities have no fibrous adhesions or pleural plaques.

The pericardial sac has no adhesions to the epicardial surfaces of the 550 gram heart. The four cardiac chambers do not contain mural thrombi or thromboemboli. The fossa ovalis is fused. Yellow fatty infiltration expands the thickness of the interatrial septum to 1 centimeter anterior to the fossa ovalis. The four thin pliable cardiac valves have no deformities or vegetations. The mitral valve is 11.5 centimeters in circumference. The mural endocardium is thin, smooth and translucent. The red-brown myocardium of the left ventricle is 1.5 centimeters thick in the lateral free wall and in the interventricular

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septum. The myocardium has no fibrosis or yellow necrosis. The left ventricle is mildly dilated; 6 centimeters from the apex, the internal diameters of the left and right ventricles are 5.5 centimeters and 2.7 centimeters, respectively. The ostia of the left main and right coronary arteries are patent and positioned normally. The right coronary ostium is small. The left circumflex artery becomes the posterior descending artery. Eccentric fibrofatty atherosclerotic intimal plaques produce 20% luminal stenosis in the proximal left anterior descending artery. The left circumflex and right coronary arteries are thin-walled throughout. No thrombotic occlusions are in any of the coronary arteries. The thin elastic aorta has yellow fatty streaking of the intima.

The esophagus, stomach and duodenum have no ulcers or masses. The stomach contains 15 milliliters of opaque turbid red-tan fluid. The small bowel, vermiform appendix, colon and rectum have no abnormalities externally. The peritoneal cavity does not contain free fluid, blood or exudate. The subcutaneous fat of the anterior abdominal wall is 2 centimeters thick.

The 1980 gram liver has a smooth capsular surface. The homogeneous brown-tan hepatic parenchyma has no nodules or masses. The gallbladder contains 20 milliliters of brown-yellow bile and four irregular black calculi, the largest of which is 9 millimeters. The extrahepatic biliary tree is normal in caliber and patent. The portal tract structures have no obvious abnormalities. The pale tan lobulated pancreas has no ecchymoses, pseudocysts, masses, calcification or chalky yellow deposits.

The 180 gram right kidney and 180 gram left kidney have slightly pale purple-tan cortical surfaces. The cut surfaces of the kidneys, and the renal calyces, pelves and ureters have no abnormalities. The renal arteries are patent. The bladder contains 30 milliliters of yellow urine. The pale beige prostate is not enlarged and has no nodules. The tan testes have no ecchymoses or masses.

The 190 gram spleen has a smooth intact capsular surface. The purple-red splenic parenchyma has small follicles of white pulp. Lymphadenopathy is not evident in the body cavities.

The pituitary, purple-tan thyroid and yellow adrenals have no abnormalities.

The thoracolumbar spine has minimal osteophytic lipping and no abnormal curvatures. The left and right clavicles and ribs have no fractures or obvious callouses. The sternum is intact. The pelvis has no palpable fractures.

**AUTOPSY FINDINGS:**

1. Penetrating gunshot wound to left mid chest:
  - a. Contact entrance wound.
  - b. Perforation of pericardial sac, left cardiac ventricle and T7 vertebral body.
  - c. Medium caliber lead projectile recovered from posteromedial aspect of right lower lobe of lung.
  - d. Contusion of lingula and right lower lobe of lung.
  - e. Massive hemothoraces and hemopericardium.
  - f. Contusion of thoracic spinal cord.

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2. Cardiomegaly with left ventricular hypertrophy and dilatation.
3. Atherosclerosis:
  - a. Basilar artery, moderate.
  - b. Left anterior descending coronary artery, mild.
4. Cholelithiasis.

**TISSUES SUBMITTED FOR HISTOLOGY:**

Tissues submitted for histology include entrance gunshot wound, heart, lung, liver and kidney.



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